

FILED MAY 22 1946

Registration District No.

Primary Registration District No.

6296

24

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural - Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)
In this community 57 yrs
years, months or days

3. (a) PRINT FULL NAME LEWIS FIELDING THOMPSON

3. (b) If veteran, name war World War I 3. (c) Social Security No. None

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ledie M. Thompson 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 3 (Month) 3 (Day) 1889 (Year)

8. AGE: Years 57 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Worth Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business Veterinarian

12. Name James Thompson
13. Birthplace Worth Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Lida Lindstrom
15. Birthplace Madison Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Renton Thompson

(b) Address Grant City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director Brane Bros

(b) Address Denver Mo

19. (a) May 11 - 1946 (b) Leta E. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth
(c) City or town Grant City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1946 hour 9 A.M. minute 00 M.

21. I hereby certify that I attended the deceased from 0000, 1946, to 0000, 1946;

that I last saw him alive on 0000, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Obvious Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Leta E. Dawson (M.D. or other)

Address Grant City Mo Date signed 5-1-46

MAY 23 1946

DEC 10 1954

5-20-46
DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

J. P. Brown

Licensed Embalmer No. *2977*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.